

STATE OF ALASKA CHILD SUPPORT ENFORCEMENT DIVISION

HOW TO APPLY FOR CHILD SUPPORT SERVICES

A non-parent custodian or either parent can ask for CSED services. There is no fee.

PLEASE HELP US BY:

- ❖ Making complete and accurate statements. These forms will assist us in:
 - Establishing paternity
 - Establishing a child support order
 - Collecting on an existing order

- ❖ Waiting 90 days after you receive notice that your case has been set up before asking for a status report on your application.

CUSTODIAL PARENT/NON-PARENT CUSTODIAN

If you are the custodian, you will need to complete the attached Application for Services (Custodian) packet, which includes:

- ❖ Application for Services (CUSTODIAN)
- ❖ Information Locate Sheet
- ❖ Affidavit of Support Received (This must be notarized)
- ❖ Paternity Affidavit (Optional)
- ❖ Non-Disclosure Request (Optional)

If you have an existing order that addresses child support, please **ATTACH A COPY.**

If there is no existing order, CSED can administratively establish an order for support from the non-custodial parent, or we can forward your request to the state where he/she lives.

NON-CUSTODIAL PARENT

If we open a case for a non-custodial parent or payor, we must establish and enforce any order in accordance with Federal and State requirements. If you are the non-custodial parent, you need to complete the attached Application for Services (NON-CUSTODIAN).

If you have an existing order that addresses child support, please **ATTACH A COPY.**

Thank you for working with us to serve children. If you need help with the forms, please call (907) 269-6900, or come in either to the Anchorage office or one of the offices listed below.

You may want to keep this sheet for reference. You do not have to return it with your completed application.

ANCHORAGE:
550 W. 7th AVE, STE 310
ANCHORAGE, AK 99501-6699
PHONE: (907)269-6900
TOLL FREE AK: (800)478-3300
FAX (907) 6650

JUNEAU:
410 Willoughby Ave. Suite 107
Juneau, AK 99801
(907) 456-5887
FAX 465-5190

FAIRBANKS:
675 7th Avenue, Station J2
Fairbanks, AK 99701
(907) 451-2930
(FAX) 451-3140

WASILLA:
845 Commercial Drive
Wasilla, AK 99654
(907)357-3550
FAX 357-3552

KENAI:
11312 Kenai Spur Highway #8
Kenai, AK 99611
(907)283-2957
FAX 283-2978

**STATE OF ALASKA
CHILD SUPPORT ENFORCEMENT DIVISION**

550 W. 7TH AVENUE
ANCHORAGE, AK 99501-6699



APPLICATION FOR SERVICES (CUSTODIAN)

COMPLETE THE FRONT AND BACK OF THIS APPLICATION, SIGN AND DATE AND RETURN IT TO THE ABOVE ADDRESS. FILL OUT A SEPARATE APPLICATION FOR EACH ABSENT PARENT.



I voluntarily apply for the services of the Child Support Enforcement Division (CSED) in obtaining:

(CHECK THE APPROPRIATE BOX)

- Establishment of paternity and child support order for the child(ren) listed below.
- Support order establishment for the child(ren) listed below (paternity is already established)
- Enforcement of existing support order for the child(ren) listed below. **(PLEASE ATTACH COPY)**

I understand that I must provide information necessary to establish or enforce the support obligation.

PLEASE PRINT

YOUR NAME _____ SSN _____

NAME THAT APPEARS ON COURT ORDER IF DIFFERENT _____

MAILING ADDRESS _____

RESIDENCE ADDRESS _____ **City State Zip**

RESIDENCE ADDRESS _____ **City State Zip**

EMPLOYER _____

TELEPHONE NUMBER (WORK) _____ (HOURS) _____ (HOME) _____

NAME OF ABSENT PARENT _____ SSN _____

I am the __Mother__ Father __Legal Custodian__ Non-parent custodian, of the following child(ren):

Full Name	Sex	Date & Place of Birth	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOU MUST COMPLETE THE BACK OF THIS FORM

MY RELATIONSHIP TO ABSENT PARENT (CHECK APPROPRIATE BOX BELOW):

Divorced: Decree Date _____ (PLEASE ATTACH A COPY)
Place _____
City/County/State _____ Order # _____

Married but separated. Marriage Date & Place _____ Separation Date _____

Divorce/Dissolution pending: Date filed _____
Place _____
City/County/State _____ Case # _____

Never Married (If marked, please provide the following information for each child listed on page one, and attach a copy of each child's birth certificate)

Has father signed an Affidavit of Paternity? YES NO

Is father's name on birth certificate? YES NO.

Other (explain):

I would like to have my address protected because of domestic violence concerns. Yes No

.....
 I have received child support or public assistance (ATAP or Medicaid) in another state?
If checked, list the county and state. _____
County/State

The children are eligible for Indian Health Service, Military or other medical coverage including insurance. Type of coverage _____

Important Information - Please read before signing.

.....
If you do not have a support order, CSED will establish an order for you. Support charges will start with the month we receive this application, unless the children received public assistance earlier. When there is an order, either party may ask CSED to review the amount, whether it was issued by a court or by a child support agency. The review can result in either a higher or lower child support amount.

Once CSED receives this application, all support payments must be made through our office. If you receive a payment before your case is set up, notify CSED in writing right away. We need to know the date of the payment & the amount.

Effective October 1, 1985, Alaska Statutes require that parents provide medical support for their minor child(ren), if health insurance is available to the parent at a reasonable cost, i.e. through their employer, union, or other group health insurance program. The child support amount is adjusted to allow credit for the cost of medical insurance.

I consent to CSED's enforcement of medical support for my child(ren).

Application made on this _____ day of _____, 20____
Applicant's signature: X _____

SIGNATURE IS REQUIRED FOR CSED TO PROCESS THIS CASE

Full Name: _____

First Middle Last

Address: _____

City State Zip

Date and Place of Birth: _____ Approximate Age: _____

Physical description: _____

Height Weight Hair Color Eye Color Race

Social Security Number: _____

Dates of sexual relations: From _____ To _____

Why do you think that this man is not the father? _____

If you do not know the father of your child, explain the circumstances when you became pregnant _____

Information about the child:

Name: _____ Male Female

Conception date _____ Social Security Number _____

Date of Birth _____ Place of Birth: _____

Have there been any legal actions for this child (such as child support orders, adoption, children's proceedings, paternity cases, divorce decree, etc.)? If so, what action, where, and when? Attach copies of legal documents. _____

Is a father named on the child's birth certificate? Yes No

Did the father sign an affidavit of paternity? No Yes Place: _____

City State

Were you married when the child was conceived or born? No. Yes.

Husband's name _____ Social Security Number _____

Your Work telephone number _____ Home telephone number: _____

Address: _____

City State Zip

Social Security Number _____ Date of Birth: _____

Your Employer _____

Your name (PLEASE PRINT) _____ Address _____ City State Zip Code
Signature _____ Date _____

THANK YOU FOR PROVIDING THIS INFORMATION

ANCHORAGE:
550 W. 7th AVE, STE 310
ANCHORAGE, AK 99501-6699
PHONE: (907)269-6900
TOLL FREE AK: (800)478-3300
FAX (907) 6650

JUNEAU:
410 Willoughby Ave. Suite 107
Juneau, AK 99801
(907) 456-5887
FAX 465-5190

FAIRBANKS:
675 7th Avenue, Station J2
Fairbanks, AK 99701
(907) 451-2930
(FAX) 451-3140

WASILLA:
845 Commercial Drive
Wasilla, AK 99654
(907)357-3550
FAX 357-3552

KENAI:
11312 Kenai Spur Highway #8
Kenai, AK 99611
(907)283-2957
FAX 283-2978

Alaska Department of Revenue
Child Support Enforcement Division

Re: Completion of Paternity Affidavit

The Child Support Enforcement Division (CSED) is starting action to establish paternity of the above child(ren).

You must fill out the enclosed Paternity Affidavit for each child.

- o Answer each question the best you can.
- o Read the questions carefully and **follow the instructions.**
- o Use a black ball-point pen to answer.

After you complete the Paternity Affidavit(s):

- o Sign the form(s) in front of a notary. This can be done in our office or by your local clerk of court or postmaster if you live outside Anchorage. Picture identification, such as a driver's license, will be required by the notary.
- o Put your name and address on the postpaid return envelope.
- o Return the entire packet to us.

If there is a father's name on the child's birth certificate, please send us a copy. Other items such as letters or cards from the alleged father about the child(ren) might be helpful in establishing paternity. We will make copies of all the items you send and return the originals to you.

You must return the signed, notarized Affidavit(s) to CSED by _____. If you do not complete and return the form, and you are receiving public assistance, we must tell the Division of Public Assistance that you are not cooperating. Non-cooperation may reduce your grant.

If you have questions, call us on the KIDS line at one of the above phone numbers and leave a message for Team _____. Please include your phone number and the CSED case number referenced above.

Child Support Enforcement Representative
Enclosure

CSED 04-1664 (Rev11/97)

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner:

IV-D Non Public Assistance

IV-D Non PA Medicaid

Full Services

Respondent:

Medical Services Only

IV-D Public Assistance

IV-E Foster Care (IV-D Case)

Non IV-D

File Stamp

Responding IV-D Case No.:

Initiating IV-D Case No.

Responding Docket No.:

Initiating Docket No.

A Separate Affidavit is Required for each Child needing Paternity Established.

SECTION I.

I, _____, on oath, under penalty of perjury depose and allege:

1. I am the natural mother of the child named below.

I am the natural father of the child named below.

Child's Full Name (First, Middle, Last)		Child's Date of Birth	Place of Birth, (City Cnty, State)
Date Mother Got Pregnant (Month, Date, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If no explain)	Where Mother Got Pregnant (City, Cnty, State)	

2. The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.

3. a. A man is named as the father on the child's birth certificate. Yes (Attach Copy) No

If Yes, the man's name and address are:

b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage.

Yes No

If yes, the man's name and address are:

c. A man signed an Acknowledgment of paternity. Yes (Attach Copy) No

If yes, the man's name and address are:

d. A man held himself out as the child's father. Yes No

e. Genetic tests were completed to determine the father of the child. Yes No

If Yes, attach results, explain outcome, and list name(s) and address(es) of man/men tested:

SECTION II (TO BE COMPLETED BY MOTHER ONLY)

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. Yes No. (If Yes, complete the following).
Additional information.
- a. The name(s) and address(es) of the other man/men:
 - b. The other man/men are biologically related to the man I am naming as the child's natural father.
 Yes No. If Yes, state the biological relationship (e.g., brother, cousin, uncle, etc.)
 - c. I do not believe the other man/men is/are the father because:
2. I was married at the time of this child's birth. Yes No. (If Yes, complete the following).
- a. Husband's name (first, middle, last) and last known address:
 - b. State why husband is not the father of this child and attach all appropriate documents, including divorce decree, blood test results and prior findings of nonpaternity, if any:
3. _____ is the father of this child. The following facts support my allegations of paternity:
- a. We lived together. Yes No Dates: _____ to _____
Location: _____
 - b. I have told welfare officials that he is the father of this child. Yes No
 - c. I told him that he was the father of the child. Yes No
 - d. He is named as the father on the birth certificate. Yes No Certified Copy Attached
 - e. He admitted being the father of the child. Yes No
 - f. He signed an acknowledgment of paternity. Yes No Certified Copy Attached
 - g. He sent cards/letters regarding the pregnancy and/or about the child. Yes No Copies attached
 - h. He was present at the birth of the child. Yes No
 - i. He visited the child at the hospital following birth. Yes No
 - j. He offered to pay for an abortion/medical expenses. Yes No
 - k. He paid for birth related expenses. Yes No
 - l. He claimed the child on tax returns. Yes No Don't Know
 - m. He has provided food, clothing, gifts or financial support for the child. Yes No If Yes, explain in Section IV
 - n. He lived with the child. Yes No If Yes, explain in Section IV
 - o. He visited with the child. Yes No If Yes, explain in Section IV
 - p. The child resembles him. Photo attached Yes No If Yes, explain in Section IV
 - q. There are witnesses to my relationship with him. Yes No
(If Yes, list names and addresses and briefly describe relevant facts known by each under section IV.

SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- | | | | | |
|--|------------------------------|-----------------------------|--|----|
| a. The mother and I lived together. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates | TO |
| b. The mother told me that I am the father of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Location: | |
| c. I am named as the father on the birth certificate. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached | |
| d. I signed an acknowledgment of paternity. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached | |
| e. I was present at the birth of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| f. I visited the child at the hospital following birth. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| g. I offered to pay for an abortion/medical expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| h. I paid for birth related expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| i. I claimed the child on tax returns. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| j. I have provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV | |
| k. I lived with the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV | |
| l. I visited the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV | |
| m. The child resembles me. <input type="checkbox"/> Photo Attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV | |
| n. There are witnesses to my relationship with the child's mother.
(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

SECTION IV – OTHER PERTINENT INFORMATION (including detailed explanations for “Yes” responses in Section II or Section III above)

Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

Date

Signature

Sworn to and Signed
before me this date
County/State

Notary Public,/Official and title

Commission Expires

**Introductory Information from the
Alaska Child Support Enforcement Division
Department of Revenue**

Our goal is to help you support your children.

The Child Support Enforcement Division (CSED) can:

- # **Provide child support services** when either parent or a third-party custodian applies.
- # **Establish paternity** if it has not already been established.
- # **Establish a child support order.**
- # **Enforce a child support obligation**, even if the paying parent is not in Alaska.
- # **Change a support order** if there is a good reason.
- # **Send orders** to withhold funds for child support to employers, banks, Permanent Fund Dividend Division and other places the paying parent may have income or assets.
- # **Attach IRS tax refunds** to collect child support that the paying parent owes. IRS collections will be applied first to satisfy any past due support assigned to the state for public assistance reimbursement, then to any non-public assistance arrears owed to the family. Any amounts collected in excess of these two debts will be returned to the non-custodial parent.
- # **Continue to handle your case if you move to another state.** You do not need to apply for services in the state where you move.
- # **Collect and mail out payments.**

Specific Information

Terms used by CSED.

Custodian: the person who has care, control and maintenance of a child(ren) as determined by a court or agreed upon by both parents. This person will receive the support as specified in a child support order. The Division of Family and Youth Services is the custodian for children in their custody.

Obligor/non-custodial parent: the person who must pay support

ATAP: Alaska Temporary Assistance Program, formerly AFDC

TANF: Temporary Assistance for Needy Families [national welfare program]

Fees and Costs

- # **CSED does not charge a fee** for services.
- # An alleged father must **pay CSED for genetic testing**, if it is proved that he is the biological father.

Payments

Money that CSED collects will be paid to the custodian, unless the custodian or child is receiving or has received public assistance or medicaid. If the custodian received public assistance he/she must assign the child support payments to the State of Alaska.

Court orders issued on or after July 8, 1994 are automatically sent to CSED whether or not anyone applies for our services. When we receive the court order we set up the case, and upon request we will send an application for services. **If the application is not returned, CSED will not enforce the order but we are required to provide payment distribution services and record keeping.** State law requires that payments are made through CSED.

Establishing Paternity

If paternity has not been established and child support is pursued, CSED can establish paternity. This generally occurs when a child is born out of wedlock. Both parties can sign an affidavit when they agree about paternity. If they do not agree, then CSED will require genetic tests to determine the father of the child.

Establishing a Support Order

If CSED establishes a child support order administratively, we will set the support amount using Alaska's Child Support Guidelines: Alaska Court Civil Rule of Procedure 90.3 (CR 90.3). This rule requires that the child support obligation be a percentage of the adjusted annual income of the obligor parent. We multiply the obligor's income by the appropriate percentage (depending on number of children in the support order). Parties have the right to ask for exceptions to the rule. The court describes these exceptions in CR 90.3. If the obligor does not provide income information, CSED will use the best information available to determine the parent's total income from all sources.

We use a Notice and Finding of Financial Responsibility (NFFR) when we issue a child support or medical insurance support order. Both parties receive a copy of the NFFR and either party can appeal the findings. If you appeal, you must present evidence supporting your claim. After an administrative review, we will decide whether we should change the findings. Either party may appeal CSED's decision to a formal hearing officer appointed by the Commissioner of the Department of Revenue. The hearing officer's decision may be appealed to the Superior Court by either party.

Enforcing a Support Order

If child support is owed and CSED locates an employer or a financial institution of the obligor, we will normally issue an Order to Withhold and Deliver wages or assets. The withholding order is the standard method of ensuring timely payment of support. Earnings are withheld directly from the payroll office or from an account in a financial institution.

Failure to make support payments will result in enforcement actions for collections. These actions include liens, judgments, Permanent Fund Dividend and IRS refund attachments, wage or income withholding, credit bureau reporting, taking possession of money in checking and bank accounts and other actions allowed under civil and criminal law. Anyone owing more than four months of child support might also lose his or her occupational or driver's license. We file liens on real estate if arrears are at least \$2,500 or equal to one year's unpaid support.

CSED may take the obligor's federal income tax refunds to pay support debts. If the custodian received ATAP (public assistance) in Alaska, then the IRS refund would first be used to reimburse the state. If there is any extra money after the state is paid, then that money would go to the custodian. The IRS money will only be applied to debts that are in arrears (as of the date of certification to IRS); it will not apply to current support.

Order Modification

Either party, or the state, has the right to request a review of a child support order. There are several reasons why an order could be modified. Some of the situations that could result in a modification follow: **1)** a child listed in the order has reached the age of majority or is legally emancipated, **2)** child support guidelines were adopted or significantly amended after the existing support order, **3)** the income of the obligor changes so that the support order is 15 percent higher or lower than the present support order, **4)** at least 36 months have elapsed since the order was issued, modified, or reviewed or **5)** there is no medical support order in effect. If either party requests a review, both parties will be required to provide CSED with financial information. Private agreements between parties are not valid unless they are approved by a judge and entered in court.

Closing Cases

Unless you are receiving certain state benefits, you may request that CSED terminate enforcement services on your case. **However, services cannot be terminated if the children are receiving ATAP/TANF or Medicaid, are in licensed foster care placement or if the other party to the case wants it to remain open and applies for services.** If money is owed to the state, CSED may keep the case open for recovery of the state debt even if no support is now due to the custodian.

YOUR RIGHTS AND RESPONSIBILITIES

Child/spousal support is a special debt and MUST be paid prior to any other debts. Interest will be charged, as prescribed by law, on payments received ten (10) or more days past the due date, on judgments, and on most arrearages.

You must provide your social security number. CSED uses it to track cases on the computer, credit payments to cases, locate wages and assets, and enforce support obligations.

If you use CSED's services, you are required to notify us immediately of the following:

- # new addresses;
- # permanent custody changes of the children;
- # visitation of the children, when a court order for visitation exists;
- # payments received directly from the non-custodial parent;
- # new employment or changes to earnings;
- # availability of medical insurance coverage for the child(ren); and
- # any action that you start on your own which may affect support - such as seeking a new or modified court order, custody changes, or other collections.

During any CSED proceeding, you may hire and bring your own attorney. We will invite you to attend and participate in case proceedings and hearings that concern your child support order. **Please take part in those proceedings so that you can protect your interests .**

Federal regulations and Alaska statutes require that parents provide medical support for their minor child(ren) if health insurance is available to the parent at a reasonable cost. Credit for medical coverage may raise or lower the amount of ongoing child support depending on which parent provides the coverage. **Health insurance benefits available through the Indian Health Service may be accepted as fulfilling the requirement to provide medical insurance.**

If the custodian receives ATAP/TANF benefits, she/he is required to assign child support to CSED. If the custodial parent received Medicaid, she/he is required to assign Medical insurance or fixed amounts for medical to CSED. When you no longer receive those benefits, you must notify us in writing if you want us to stop providing enforcement services. If you only receive Medicaid, we will establish **and enforce a child support order** unless the custodian notifies us in writing to enforce **only** the medical support part of the order.

Payments are normally made through automatic wage withholding, however, if you care to pay extra or are self employed you may make payments by cashier or personal check or by money order to our Anchorage address. To make a payment in cash, you must come to our Anchorage office. **To ensure proper credit, please write your case number on your check or money order.**

Child support payments are to come through CSED. This is particularly important if the custodian is participating in ATAP or TANF.

Release of Records

Information you give us becomes part of the case record. Portions of your case record may be released to anyone making a request for information under the **State Public Records Act**. Information protected by state or federal law shall be kept confidential.

If you are concerned that releasing your address to another party involved in your child support case would endanger the health, safety, or liberty of you or your children, you should notify CSED immediately. We may withhold addresses of persons involved in a child support case if we find that the release would put someone at risk.

Telephone Calls

We supply automated information on our **KIDS line**. We give **information that answers many common questions and allows access to payment information** about your case. It can also be used to leave messages for a case worker.

KIDSLINE: 1-907-269-6900 or Toll Free 1-800-478-3300
Field Office Addresses

Southeast Regional Office
Child Support Enforcement Division
410 Willoughby Ave., Suite 107
Juneau, Alaska 99801
(907)465-5887

Kenai/Soldotna
Child Support Enforcement Division
11312 Kenai Spur Highway, Suite 2
Kenai, Alaska 99669
(907)283-2900

Northern Regional Office
Child Support Enforcement Division
675 7th Avenue Station J2
Fairbanks, Alaska 99701
(907)451-2830

Wasilla
Child Support Enforcement Division
845 West Commercial Drive
Wasilla, Alaska 99687
(907)357-3550

Alaska Department of Revenue
Child Support Enforcement Division

IMPORTANT!

Child Support Enforcement may be required to provide information about you or your children to others included on your child support case. Your information will only be released as needed to take action on your case. We will not release your information to the general public. However, if your case is filed with the court, information in your court case is available to the public. Information that may be released includes names, addresses, social security numbers, and birth dates.

If you and/or your children have been a victim of domestic violence, you may request that this information NOT be released. Domestic violence includes things such as:

- **harassment,**
- **threats,**
- **mental and emotional abuse, or**
- **physical violence, including sexual assault or incest,**
- **parental kidnapping.**

If you **DO NOT** want your information released, you must fill out the form on the back of this letter and return it **within 30 days**. This form must be notarized or witnessed. You may send the completed form to Child Support Enforcement at the address above. Attach documents you may already have such as police reports, restraining orders, and medical records, to show why you feel the release of this information would threaten your well-being. Please call the number listed above if you have any questions.

If we do not hear from you within the next 30 days, your address and other information may be released.

Ref: AS 25.27.275

NONDISCLOSURE OF IDENTIFYING INFORMATION AFFIDAVIT

I, _____, swear under penalty of perjury that the following information is true to the best of my knowledge and belief.

1. Name of Obligor and Child Support Enforcement Case Number: _____

2. Who will be protected by withholding identifying information? Please list your name and your child(ren)'s names:

3. Have you or your child(ren) ever felt threatened by harassment, threats, mental or emotional abuse, or physical violence, including sexual assault or incest? Please explain when you felt this way, and describe who was involved, when, where, and how it happened.

4. Is there a restraining order in effect now for domestic violence? _____ Yes _____ No
 If yes, include a copy when you return this form.
 Case number _____ Court/judicial district _____

5. Was there a restraining order in the past for domestic violence? _____ Yes _____ No
 If yes, please write the case number and information about the case below, such as who was involved, when, where, and how it happened.
 Case number _____ Court/judicial district _____

6. Were you ever involved in a criminal assault case with the other party as the defendant?
 _____ Yes _____ No
 If yes, please write the case number and information about the case below, such as who was involved, when, where, and how it happened.
 Case number _____ Court/judicial district _____

7. Is there any other information you can give to show why you feel threatened by the other party in your child support case?

Signed Date
SUBSCRIBED and SWORN to before me this _____ day of _____, 20 _____.

Notary Public for the State of _____
My commission expires _____

Witness (Print Name) _____
Witness Signature _____ Date Signed _____
Witness Address _____ Zip Code _____
Telephone # _____ Social Security # (Optional) _____

I willingly state that I know the person who has signed this form to be the person that he/she states he/she is and I have witnessed their signature on this form.